2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90268 035 ***150.00

DOCUMENT # P02000085453 1. Entity Name ADRIANA CABREJA P.A.							03-08-2000	90208 03	3 ***130	<i>5</i> .00
Principal Place of Business 13767 SW 109 LN MIAMI, FL 33186		Mailing Address 7105 SW 8 ST 306 MIAMI, FL 33144				4008		IR Bris i i b rei b ilit	1 8 7 8 8 4 10 8 8 111	(ee) (1 1 10)
2. Principal P	2. Principal Place of Business 199 25 5W 286 5T. 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.						04272006	Chg-P	CR2E03	4 (11/05)	
HOMESTOOD, FL		City & State				4. FEI Numbe 30-0100			No	plied For t Applicable
^{Zip} 3303		Zip	Coun	itry			of Status Desired	<u>د</u> د	8.75 Add	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New R	legistered A	gent	
CARREIA	ADRIANA			Ivame						ľ
CABREJA, ADRIANA 13767 SW 109 LN MIAMI, FL 33186				Street Address (P.O. Box Number is Not Acceptable)						
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				City HOMESTEAD, FL Zip Code						
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	register	ed office or	registere	ed agent, or both	n, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE Signature tythed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Out V										
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OD MICHO COLOMOSTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.20.06

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Daytime Phone #